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CURRENT CORRESPONDENCE ADDRESS

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ATTY'S DOCKET NO. 60900-0208-US
CONFIRMATION NO. 1626

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR
10/713,752	11/13/2003	Lewis B. Aronson
TITLE OF INVENTION: SYSTEM AND METHOD FOR PROTECTING EYE SAFETY DURING OPERATION OF A FIBER OPTIC TRANSCIEVER		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE
nonprovisional	No	\$1400
EXAMINER	ART UNIT	CLASS-SUB CLASS
Leung, Christina Y.	2633	3980-137000
Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).		PUBLICATION FEE
<input type="checkbox"/> Change of correspondence address for Change of Correspondence Address form PTO/SB(12) attached.		\$300
<input type="checkbox"/> "Fee Address" indication for "Fee Address" Indication form PTO/SB(47) attached. Use of a Customer Number is required.		TOTAL FEE(S) DUE
		\$1700
		DATE DUE
		06/03/2005

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB(12) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

- Morgan, Lewis & Bockius LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
Sunnyvale, California

(A) NAME OF ASSIGNEE:
Finisar Corporation

Please check the appropriate assignee category or categories (will not be printed on the patent)
☐ Individual ☒ corporation or other private group entity ☐ government

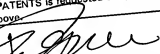
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- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advanced Order - # of Copies

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- ☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0310 (order no. 60900-0208-US) (enclose an extra copy of this form).

COMMISSIONER FOR PATENTS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)  (Date) March 11, 2005

Attorney Dion M. Brown Reg No. 25,645

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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01 FC:1501 1400.00 DR
02 FC:1504 300.00 DR